

Latent TB Infection (LTBI) Medical Evaluation (Form on Page 2)

After developing a positive TST, every client must have a chest x-ray to rule out active TB disease. If the x-ray result is negative, these clients should then undergo a medical evaluation to determine whether or not treatment for latent TB infection (LTBI) should be prescribed. This treatment will greatly reduce the risk of developing TB disease in the future. If clients can show documentation of having previously completed LTBI treatment, no evaluation is necessary.

Purpose of this form:

- A. To refer clients for evaluation of LTBI treatment. This form will provide the clinician with the information needed (TST date, reading and chest x-ray report) for that evaluation.
- B. When this form is completed by the provider and returned to the program by the client, it notifies the TB Liaison of the client's status, and if treatment is recommended. The TB Liaison can then assist clients with taking their daily medication and in keeping their monthly medicine refill appointments.

How to use this form:

- A. Every client with a positive TST and normal chest x-ray should be referred to a medical provider for possible LTBI treatment. This evaluation can occur with their own provider, or if none is available, at the main TB Control Clinic or the various public health centers around San Diego County.
- B. This medical evaluation should be completed within 14 days of the client's admission date.
- C. If treatment is prescribed, each client should be monitored daily for compliance until completion of LTBI treatment or the client's discharge from the program.

LATENT TB INFECTION (LTBI) MEDICAL EVALUATION

Name: _____ DOB: _____

TB TST test date: _____ Result: _____ mm

Chest x-ray date: _____ (The patient's x-ray report should accompany this form).

Attention Medical Care Provider:

Please evaluate this patient for LTBI treatment. After evaluation, complete the form and return it to the patient.

☐

LTBI treatment is recommended for _____ months.

☐

LTBI treatment is recommended, but patient declines to take it.

☐

LTBI treatment is NOT recommended because _____

☐

Previous active TB _____ of treatment completed on _____.
months date

☐

Previous TB infection _____ of treatment completed on _____.
months date

Provider Name: _____ Date: _____